# African Population Cohort Consortium (APCC): request for proposals to run the formative phase

### Questions and Answers (Q&A)

This document includes a summary of the questions that were asked during the information webinars we held on Thursday 15<sup>th</sup> April and Wednesday 21<sup>st</sup> April 2021. Slides from the second webinar can be found on our webpage. If you have further questions, please contact <a href="mailto:l.holland@wellcome.org">l.holland@wellcome.org</a> by 16.00 BST on Thursday 29<sup>th</sup> April 2021. We will do a final update of this document by Tuesday 4<sup>th</sup> May.

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#### About the African Population Cohort Consortium (APCC)

#### 1. What is APCC?

APCC aims to address the gap in large longitudinal population data in the African Continent. These data are needed to understand the health and social needs of the Continent. The current evidence available from high income countries cannot inform the specific disease burden experienced in the Continent (high levels of chronic and emerging infections, rising levels of NCDs and malnutrition). Equally, interventions devised for high income countries or other low and middle-income country settings will not necessarily translate to African contexts.

To address this gap, APCC is proposed as a population data platform connecting a multi-country network of large longitudinal population studies and biobanks that collect individual health, behavioural and socioeconomic information with linkage to routinely collected health, social and environmental data. It aims to strengthen African-led discovery research and to improve health and development in Africa, with global implications.

The vision and ambition for APCC were developed during a Scoping phase led by a group of international funders in consultation with African scientists representing a broad range of disciplines. You can read more about the findings from the scoping phase in the Scoping report on our webpage.

#### 2. What is the formative phase of APCC?

Following the scoping phase of APCC, where the vision, ambition and a high level structure, governance and guiding principles were articulated, we are moving to the formative phase. The next stage is for all relevant stakeholders to propose exactly what APCC will do and how it will work. We need to understand how the broad ambitions and range of options articulated in the scoping report will crystallise in specific innovative research and how it can best address the health and social needs of the African continent. This is what we call the Formative phase.

The Wellcome Trust has secured funding for an African-led delivery team to run the formative phase. The delivery team is being selected through an open competition. The outcome of the formative phase will be will be the blueprint of APCC in the form of a detailed report. Funders will use this report for future funding decisions about a potential implementation of APCC.

3. Beyond the plan for African-leadership, how is APCC different from the INDEPTH Network of Health and Demographic Surveillance Systems (HDSS) locations?

HDSS sites offer a model of potential studies that could be leveraged to become APCC sites but it is not the only one. Other existing population studies could also apply to become an APCC site. In addition, the scale, depth of data collection and potential data linkages that are proposed for APCC go beyond what is usually collected in <a href="https://example.com/HDSS">HDSS</a> sites and the <a href="https://example.com/INDEPTH network">INDEPTH network</a>. We envisage that APCC sites will collect multidimensional data that will include biological, genetic, behavioural, social, economic and demographic characteristics as well as environmental factors.

4. Are you planning to fund one APCC per disease/condition (e.g., respiratory; cardiovascular; dementia; etc) or will preference be given to studies that study several diseases/conditions?

APCC will not be funding disease-based cohorts. APCC is a population-based platform of longitudinal studies that address various disease and social outcomes simultaneously. This ability to address multiple conditions is key to inform the disease burden experienced in Africa.

#### About this Request for Proposals

5. Is this application for framework development to address the data coordination, management and standardisation or is it only for research proposals?

This call is NOT for research proposals.

Please refer to the presentation slides and the request for proposals document which lists the aspects and level of detail we expect in the final report. Questions 1 and 2 describe APCC and the aims of the formative phase. Data coordination, management and standardisation are just some of the issues that the formative phase should address. The scope of the formative phase is much broader than this.

6. Does the application need to include suggestions for members of the Independent Advisory group or will this group be constituted during the formative phase?

The Independent Advisory Group will be constituted at the beginning of the formative phase once the successful delivery team has been decided. There will be an application process where people can put their names forward to join the advisory group. The delivery team and funders will also suggest names.

7. How many proposals will be funded in the implementation phase?

This is not known at this stage and it is dependent on what is proposed in the blueprint of APCC. Funders will assess what is proposed for APCC and decide whether it is feasible and possible to fund it according to each funders' strategy and priorities. Funders have not yet committed to fund the implementation phase of APCC.

8. Should the formative proposal put forward a plan to engage funding partners/stakeholders at national, regional and international level? Will funders help facilitate this?

Yes. We would like that the delivery team puts forward a plan to engage all the different stakeholders that will be part APCC and help coproduce the blueprint. This includes new funders particularly in the African continent. Funders will work with the delivery team to deliver this.

9. What pilots can be included in this application?

Pilots that are necessary to make important decisions about the design of APCC can be included in this application. This does not include pilots for specific research projects.

#### About the Applicants

## 10. Is there a limit to the number of Expressions of Interest applications a person can be part

A person can be an applicant in one Expression of Interest and a collaborator in another application. Diverse teams will be rated more highly. We would like to encourage applicants to build this diverse team themselves rather than relying on funders bringing people together.

#### 11. Are international co-investigators allowed to be a part of teams applying?

Yes. International applicants are eligible to apply either as co-applicants or collaborators. They could bring any expertise that is not present in the Continent. We also want APCC to be part of the context of the global community of population-based data. We would hope and expect that APCC is designed using best practices learned from around the world where these large-scale population platforms have already been created. Including international co-applicants or collaborators would facilitate shared learning and maximise APCC's impact in the global landscape of large-scale population-based resources. An example of that would be the <a href="International Hundred Thousand Cohorts Consortium">International Hundred Thousand Cohorts Consortium</a> or other efforts in genomics for example, where very large-scale population cohorts can network together in a consortium.

International applicants include applicants from high income countries and equally from low- and middle-income countries (e.g. Asia, South America, etc.) where there is significant expertise in conducting large population studies and shared learning could provide important synergies through the global South.

#### 12. How firm is the 12 co-applicants limit for the proposal?

The delivery team needs to include the essential expertise to conduct and deliver the formative phase. There is no ideal number. We think 12 is a sufficiently large number to enable this broad representation but if you require more or fewer applicants and this is justified we will consider it. It is important to not duplicate the expertise represented in the delivery team and to differentiate the expertise that is essential towards the conduct and delivery of the formative phase, collaborators who provide input in more specific areas and individuals/organisations who will be consulted during the formative phase.

#### 13. Does the lead institution need to be African?

It would be preferable if the administering organisation was in Africa. Wellcome is committed to shift the centre of gravity to empower and enable teams on the African continent to shape their research agenda and to conduct research relevant to Africa. We want to ensure that APCC is firmly embedded in the Continent. It seems difficult to achieve this if the lead(s) and leading institution are not located in the African continent.

- 14. Does African leadership include African individuals based outside the African continent? Yes. An African researcher based overseas will count towards the African leadership. However, we wouldn't expect the majority of African applicants to be based overseas.
- 15. Is there a recommended percentage of international versus African collaborators? No, we do not have a specific recommendation. We do however expect significant representation and leadership from African researchers.

16. Can there be more than one lead? If yes, can they be from different institutions? We will assess the applicants as a team. There can be more than one lead if they share equal leadership responsibilities within the applicants' team.

We require a single lead administrative institution to sign the contract with Wellcome regardless of the number of co-lead(s). This institution will be responsible for distributing the funds and adhering to the agreed terms of the contract. As a reminder, this tender process is a contract not a grant award.

17. Do applicants need to lead or contribute to a longitudinal study (cohort, biobank or repeated cross-sectional study)?

No. This is not a requirement to be an applicant in this call. The delivery team needs to include expertise in running these type of studies but leading a cohort is not a requirement. The delivery team needs to include a broad range of expertise.

18. Is there a chance that, based on your assessment of the strengths of different teams in the Expressions of Interest (EOIs), you can advise on a merger of teams to strengthen applications?

Yes. The pandemic prevented us from holding networking workshops to facilitate bringing teams together. If there is a strong application where we identify a gap, e.g. in expertise or region of Africa, that is covered in other applications we might suggest mergers or collaborations. You do not necessarily need to take up our suggestions, but you will need to address any gaps that we identify at the expressions of interest stage.

19. Is there any geographic restriction for African countries to apply to this request for proposals?

No, on the contrary, delivery teams with broad geographical representation will be rated more highly.

20. Is there any explanation for the lack of representation from the north of Africa in the scoping report?

Despite all our efforts, with the Steering group, with the meeting in Uganda and then with the scoping work carried out by Dr Nicki Tiffin, we have not been able to identify resources that APCC could leverage on the north of Africa. We recognise this is an important gap.

We are very keen that the gap is representation is addressed in the composition of the delivery team if possible and during the formative phase.

21. Can the application include private industry partners?

Yes. Their potential role as applicants or collaborators needs to be justified. We see a role for industry in the final APCC. There are interesting partnerships that could be considered with providers of cloud computing or with biotech organisations. During the formative phase there needs to be thoughtful consideration as to exactly which industry and under what conditions.

#### **About Costs**

#### 22. Could you explain the non-binding cost estimate as a single figure?

At the expression of interest (EOI) stage we only require an indicative figure of the costs. We do not require the break-down of the budget at this stage. You can change that figure if you are invited to submit a full application and your detailed budget analysis shows that the ballpark figure given in your EOI was wrong. However, we wouldn't expect a significant deviation without a clear justification (e.g. significant increases from the EOI estimate will raise questions).

#### 23. Is there a cap on costs?

No. All costs necessary to deliver the formative phase can be included. However, we don't expect large budget requests given that the formative phase is relatively short and is not a research proposal. Value for money will be a criterium to in our assessment of full proposals.

24. Is the salary of a 'full-time' investigator an eligible cost? Can they be paid as consultants? The salary cost of applicants who do not have an on-going contract with their institution can be requested in the application. The request should be for the time spent working on the delivery of the proposed APCC work. The administering institution should manage the contracts of all costed people involved in the delivery of the formative phase.

Applicants who hold a salaried contract with their institution for the duration of the APCC application cannot request their time in this application.

25. Is the salary of investigators who compete for and receive their salary support from outside their institution an eligible cost?

If an applicant's salary is funded by a third party and that work can be paused for the duration of the APCC award, the salary according to the time spent in the APCC work can be requested in the application. It is individuals' responsibility to ensure they comply with their funders' requirements.

26. Can this Request for Proposals provide funding for individual cohorts? **No.** 

#### About future or other funding for APCC

#### 27. Is this a one-off call or will there be more rounds for APCCs next year?

This is a one-off call to commission a team to deliver the formative phase of APCC. This call will not be repeated.

28. Long term, will APCC be funded by the Wellcome Trust or through an African funding scheme? Is the funding route something that should be considered by the consortium looking at the formative phase?

An international group of funders, including the African Academy of Sciences (AAS), South African Medical Research Council (SAMRC), UK Economic & Social Research Council (UK ESRC), UK Medical Research Council (UK MRC), Bill & Melinda Gates Foundation (BMGF), and the National Institutes of Health (NIH), are involved in developing APCC. However, most funders in this group are outside of Africa. During the formative phase funders and the delivery team will explore African funding sources to ensure long-term sustainability of the initiative.

Please, let us know if you have suggestions of African funders that we can approach (<u>l.holland@wellcome.org</u>).

Wellcome has initiated the process providing capital funding for the formative phase. No additional funding for the implementation of APCC has been committed yet. The blueprint of APCC, the outcome of the formative phase, will give funders the necessary information to decide whether we can support the implementation of APCC.

29. Is it encouraged to apply for other Wellcome grants in tandem to this mechanism that help operationalize the infrastructure resources of this mechanism?

Applying for this Request for Proposals does not prevent you from applying to any other Wellcome sources of funding. Wellcome has launched a <u>new strategy</u> and is launching completely new funding schemes for <u>Discovery Research</u> starting in autumn 2021 (consult web pages for details).

#### Other questions

#### 30. How is population data science defined by the Wellcome Trust?

Population data science is the collection of data from individuals in populations and includes the biological, behavioural, economic, social and environmental experiences that shape their lives, their health and wellbeing.

31. We are collecting population data in a longitudinal urban cohort, not yet registered with APCCs. How do we join the consortium to compete for Request for Proposals (RFP)?

APCC does not exist yet and existing cohorts or studies cannot register for APCC. The current request for proposals is to deliver the blueprint of a future APCC

32. NIH (National Institutes of Health) has a similar funding mechanism. If we apply to both and were successful, are we allowed to do both projects?

Applying for this Request for Proposals does not preclude you from applying for other funding or vice versa. Wellcome's call is not funding specific research proposals.

You are eligible to apply to this request for proposals if you currently hold an award from another funder to deliver population health.

Establishing collaborations and synergies between existing and future initiatives from other funders is part of the work included in the formative phase.

If applicants in the delivery team are already part of existing initiatives on the continent, for example H3Africa, INDEPTH, or relevant calls by other funders, this would strengthen the ability of APCC to build on and synergize with existing initiatives. APCC aims to build on existing resources and capacity in the Continent wherever possible, rather than building a brand new resource in the landscape.

#### 33. What is the format/detail required for the report of the Formative phase?

The delivery team will decide the specific format of the report in dialogue with the funders. We have established a governance structure for the formative phase that enables feedback and guidance between the delivery team, the funders group and the international advisory committee.